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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6475

SERIAL NUMBER 09/912,220	FILING DATE 07/24/2001 RULE	CLASS 709	GROUP ART UNIT 2142	ATTORNEY DOCKET NO. MELIA1
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APPLICANTS

David T. Judd, Atlanta, GA;

Jason A. Brewster, Atlanta, GA;

P. Michael Melia, Avondale Estates, GA; David J. Lilly, Atlanta, GA;

** CONTINUING DATA *****

This appln claims benefit of 60/302,035 06/29/2001

OK me

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/31/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 4	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>			

ADDRESS

6980
TROUTMAN SANDERS LLP
BANK OF AMERICA PLAZA, SUITE 5200
600 PEACHTREE STREET, NE
ATLANTA, GA
30308-2216

TITLE

Content management and transformation system for digital content

FILING FEE RECEIVED 863	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 6475

SERIAL NUMBER 09/912,220	FILING DATE 07/24/2001 RULE	CLASS 712	GROUP ART UNIT 2183	ATTORNEY DOCKET NO. MELIA1						
APPLICANTS David T. Judd, Atlanta, GA; Jason A. Brewster, Atlanta, GA; P. Michael Melia, Avondale Estates, GA; David J. Lilly, Atlanta, GA;										
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/302,035 06/29/2001										
** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/31/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY GA	SHEETS DRAWING 4	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 13						
ADDRESS 6980										
TITLE Content management and transformation system for digital content										
FILING FEE RECEIVED 863	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit _____</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees (Filing)										
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)										
<input type="checkbox"/> 1.18 Fees (Issue)										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit _____										